UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF MICHIGAN

COVER SHEET FOR AMENDMENTS

	HOLLIE KEK	S JR & DORSEN KOKS	iggi
Case N	lame: 23-51	065- 7JT Case No.: 23-57065- 7JT	
			18 16 20
			e
<u>DESCR</u>	IBE INFORMATION B	EING AMENDED BY CHECKING APPLICABLE BOX(ES) BELOW:	70 38.
□ A.	mendment to Petitio	n.	E RESE
- A		otor(s) Mailing Address 🗖 Alias	(.c)
		,,	
□ c.	_	Complying with Order Directing the Filing of Official Form(s)	
	•	ts and Liabilities and Certain Statistical Information	
	atement of Financial		
	chedules and List of C	reditors:	
	Schedule A/B		
	Schedule C		
U I	ist of Creditors 🔀 S	ichedule D 🗷 Schedule E/F and	
), provide address of creditor already on the List of Creditors, change amount or	
		f debt - \$34.00 Fee Required, or	
П	Change addres	ss of a creditor already on the List of Creditors – No Fee Required	
	Schedule H		
_			
•	Schedule I		
	Schedule J		
//k	Schedule J-2	Individual Dahawa Cahadulas	
1.	Deciaration About an	Individual Debtor's Schedules	
ÑÓ	TE lise Page 2 for an	y corrections or additions to the List of Greditors.	
***************************************	onal Details of Amen	(C) (MARKED BY 1971 ALL ALL ALL ALL ALL ALL ALL ALL ALL AL	
Additi	unai Details of Amen	unienc(s).	—
•	DECLARATION OF AT	TORNEY: I declare that the above information contained on this cover sheet may be	
	, ,	erk of the Court as a complete and accurate summary of the information contained in	
Date	the documents attack	Signature	
Date		Signature	
→	AFFIRMATION OF DEI	BTOR(S): I declare under penalty of perjury that I have read this cover sheet and the	
	· ·	ists, statements, etc., and that they are true and correct to the best of my knowledge,	
Data	information and belie		
Date 3	12-2024	Signature A	
Date		Signature —	
3-	12-2024	Du 50	

CORRECTIONS TO THE LIST OF CREDITORS

Use this section to make corrections to the name(s) and address(es) of any creditor(s) listed on the current schedules and List of Creditors. PREVIOUS NAME/ADDRESS OF CREDITOR: **PLEASE CHANGE TO:** PREVIOUS NAME/ADDRESS OF CREDITOR: PLEASE CHANGE TO: PREVIOUS NAME/ADDRESS OF CREDITOR: PLEASE CHANGE TO: **ADDITIONS TO THE LIST OF CREDITORS** Use this section to identify creditors added to the schedules and List of Creditors. A.T.T NAME OF CREDITOR: 208 S. AKARD **ADDRESS:**

FOR ADDITIONAL CORRECTIONS/ADDITIONS, COPY THIS SHEET AND CONTINUE.

NAME OF CREDITOR:

NAME OF CREDITOR:

ADDRESS:

ADDRESS:

Fill in this in	formation to identi	fy your case:	
Debtor 1	HOLLIS		KEKS JZ
	First Name	Middle Namo	Last Namo
Debtor 2	DOREST		KEY5
(Spouse, if filing)	First Name	Middle Name	Last Name
United States I	Bankruptcy Court for the	e: ENST District of	MICH
Case number (If known)		65-TJT	

Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

 Do any creditors have claims secured by No. Check this box and submit this form Yes. Fill in all of the information below. 	y your property? In to the court with your other schedules. You have nothi	ng else to report on 1	this form.	
Part 1: List All Secured Claims				
for each claim. If more than one creditor ha As much as possible, list the claims in alpha	ore than one secured claim, list the creditor separately as a particular claim, list the other creditors in Part 2. abetical order according to the creditor's name.	Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
2.1 SEEVBANK	Describe the property that secures the claim:	\$ 273,000	\$ 305 000	<u> </u>
Creditor's Name P.O. Bex 1298 Number Street	Home			
SOUTH STATE OF COME	As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed	-		
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
□ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim relates to a community debt	An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset)	-		
Date debt was incurred _2018	Last 4 digits of account number 26 3 9			
2.2 CATITAL ACCEPTANCE	Describe the property that secures the claim:	s 23,410	\$ 14,250	<u>\$</u>
Creditor's Name Number Street	CAZ] ,	•	
	As of the date you file, the claim is: Check all that apply			
SOUTHFISTED MICH 48987 City State ZIP Code	Contingent Unliquidated Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt	An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset)	_		
Date debt was incurred 2022	Last 4 digits of account number 8 1 7 0	268,410	<u> </u>	
Add the dollar value of your entries in 0	Column A on this page. Write that number here: 5 Filed 03/12/24 Entered 03/12/24	14.55.42 P	age 3 of 14	

23-51065-TJT

Debtor 1	First Name	Middle Name	Last Name Case nut	mber (# known)		
			· ·			
Part 1:	Additional After listing by 2.4, and	ig any entries on this	page, number them beginning with 2.3, followed	Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collatera that supports this claim	
Creditor	~	MUTUAL	Describe the property that secures the claim:	s 13,748.	58 <u>, 13,</u> 083	_\$
Number	, , , , , , , , , , , , , , , , , , , ,		_			
			As of the date you file, the claim is: Check all that apply.	<u>]</u>		
			Contingent			
City		State ZIP Code	□ Unliquidated □ Disputed			
Who ow	es the debt	? Check one.	Nature of lien. Check all that apply.			
☐ Debte	or 1 only		An agreement you made (such as mortgage or secured			
Debte	or 2 only		car loan)			
	or 1 and Debt		Statutory lien (such as tax lien, mechanic's lien)			
At lea	ast one of the	debtors and another	Judgment lien from a lawsuit			
	ck if this cla munity debi	im relates to a	Other (Including a right to offset)	_		
Date del	bt was incur	red 2022	Last 4 digits of account number 7336			
			Describe the property that secures the claim:	\$	\$	\$
Creditor	's Name		_	7		
Number	Street		_			
	•		As of the date you file, the claim is: Check all that apply	•		
			Contingent			
			Unliquidated			
City		State ZIP Code	☐ Disputed			
Who ow	res the debt	? Check one.	Nature of lien. Check all that apply.			
	tor 1 only	•	An agreement you made (such as mortgage or secured			
	tor 2 only		car loan)			
	tor 1 and Deb		Statutory lien (such as tax lien, mechanic's lien)			
La At le	ast one of the	debtors and another	Judgment lien from a lawsuit			
	ck if this cla	alm relates to a t	Other (Including a right to offset)			
Date de	bt was incu	rred	Last 4 digits of account number			
			Describe the property that secures the claim:	\$	\$	\$
Credito	r's Name			¬		
Numbe	r Street					
			- As of the date you file, the claim is: Check all that apply			
			☐ Contingent			
City		State ZIP Code	☐ Unliquidated ☐ Disputed			
Who ov	wes the debi	? Check one.	Nature of lien. Check all that apply.			
☐ Deb	otor 1 enly		An agreement you made (such as mortgage or secured			
	otor 2 only		car loan)			
·	otor 1 and Det	otor 2 only	Statutory lien (such as tax lien, mechanic's lien)			
☐ At le	east one of th	e debtors and another	Judgment lien from a lawsuit			
	eck if this cl nmunity del	aim relates to a	Other (including a right to offset)	_		
1	ebt was incu		Last 4 digits of account number			
1			ies in Column A on this page. Write that number here	s: s		
1	f this is the Write that on	last page of your for Longer tipire: DOC 4	m, add the dollar value totals from all pages. 45 Filed 03/12/24 Entered 03/12/24	1 f 4:55:42 	Palge 4 of 14	

 Last Name
 Case number (# known)
 23-51045-777

				Annual to the to Book A. If I was a manual to the sum
				On which line in Part 1 did you enter the creditor?
Name				Last 4 digits of account number
lumber	Street			• •
		04-4-	210.0-1-	.
City	nada (roman in all supplementarios de martes established de del de la composition de description de martines d	State	ZIP Code	On which line in Part 1 did you enter the creditor?
 -				
Name				Last 4 digits of account number
Number	Street			-
			7ID Code	-
City		State	ZIP Code	On which line in Part 1 did you enter the creditor?
Name	,			Last 4 digits of account number
, tamo				_
Number	Street			
				- -
City		State	ZiP Code	2 1 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
				On which line in Part 1 did you enter the creditor? Last 4 digits of account number
Name				Last 4 digits of account number
Number	Street			
City		State	ZIP Code	- -
City				On which line in Part 1 did you enter the creditor?
Name				Last 4 digits of account number
Number	Street			_
				_
City		State	ZIP Code	
				On which line in Part 1 did you enter the creditor?
Name				Last 4 digits of account number
Number	Street			- ·
				- .

Debtor 1	HOLLES		Keks JR
	First Name	Middle Name	Last Name
Debtor 2	DO REEN		Keys
(Spouse, if filing)	First Name	Middle Name	Last Name
United States I	Bankruptcy Court for the:	EPIST District of	mich

Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Do any creditors have priority unsecured claims as	gainst you?
No. Go to Part 2.	jamet your
Yes.	
	at an analysis of the same to the same that a second state of the same same and the same same states.
each claim listed, identify what type of claim it is. If a c nonpriority amounts. As much as possible, list the clair	tor has more than one priority unsecured claim, list the creditor separately for each claim. For claim has both priority and nonpriority amounts, list that claim here and show both priority and ms in alphabetical order according to the creditor's name. If you have more than two priority rt 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.
,	Total claim Priority Nonpriority amount amount
ATT	ast A digits of account number 9533 \$2180.18 2180.18
Priority Creditor's Name	Last 4 digits of account number 9 5 3 3 \$ 2180. 18 2180. 18
	When was the debt incurred?
Number Street	
	As of the date you file, the claim is: Check all that apply.
	☐ Contingent
City State 7IP Code	☐ Unliquidated
Who incurred the debt? Check one.	Disputed
Debtor 1 only	- Disputed
Debtor 2 only	Type of PRIORITY unsecured claim:
	Domestic support obligations
At least one of the debtors and another	Taxes and certain other debts you owe the government
Check if this claim is for a community debt	Claims for death or personal injury while you were
Is the claim subject to offset?	intoxicated Parameter Comments of the Comments
· 115	SO Other. Specify PHONE SEZVICE
☐ Yes	
	Last 4 digits of account number \$\$\$\$
Priority Creditor's Name	When was the debt incurred?
Number Street	
	As of the date you file, the claim is: Check all that apply.
	☐ Contingent
City State ZIP Code	☐ Unliquidated
Who Incurred the debt? Check one.	☐ Disputed
Debtor 1 only	Type of PRIORITY unsecured claim:
Debtor 2 only	Domestic support obligations
Debtor 1 and Debtor 2 only	Taxes and certain other debts you owe the government
At least one of the debtors and another	Claims for death or personal injury while you were
☐ Check if this claim is for a community debt	intoxicated
	Other, Specify
Is the claim subject to offset?	— Outor, opeany



ebtor 1	First Name Middle Name	284 2	<u>JZ</u>	Case number (# known)	23-3	(065 -	137
art 1:	Your PRIORITY Unsecu	Last Name	- Continuation Page				
			eginning with 2.3, followed by 2	2.4 and an fauth	Total claim	Priority	Nonpriority
—	ig any entries on this page, r	luniber tilem b	eginning with 2.5, tollowed by A	1.4, and so form.	i Otal Claim	amount	amount
┚			Last 4 digits of account number		s	\$	\$
Priority	Creditor's Name		When was the debt incurred?				
Numbe	r Street		As of the date you file, the claim	is: Check all that apply.			
			☐ Contingent	or or out of the opply.			
City	State	ZIP Code	Unliquidated				
Who	Incurred the debt? Check one.		☐ Disputed				
	ebtor 1 only		Type of PRIORITY unsecured o	laim:			
	ebtor 2 only ebtor 1 and Debtor 2 only		☐ Domestic support obligations				
	ebtor 1 and Debtor 2 only least one of the debtors and anoth	or	Taxes and certain other debts you	_			
	heck if this claim is for a comm		 Claims for death or personal injur intoxicated 	y while you were			
— 0	neck it this Claim is for a comm	idinty debt	Other. Specify				
is the □ No	claim subject to offset?						
☐ Ye							
			Last 4 digits of account number		\$	\$	\$
Priority	Creditor's Name		Last 4 digits of account humber				-
Numbe	er Street		When was the debt incurred?				
			As of the date you file, the claim	is: Check all that apply.			
			☐ Contingent				
City	State	ZIP Code	Unliquidated				
Who	incurred the debt? Check one.		Disputed				
	ebtor 1 only		Type of PRIORITY unsecured o	laim:			
□ De	ebtor 2 only	• .	Domestic support obligations				
	ebtor 1 and Debtor 2 only		☐ Taxes and certain other debts you	u owe the government			
☐ At	least one of the debtors and anoth	er	☐ Claims for death or personal injur				
☐ ci	heck if this claim is for a comm	nunity debt	intoxicated Other. Specify				
Is the	claim subject to offset?		. ,				
□ No							
<u></u>	<i>=</i> 5				\$	<u> </u>	•
Priority	Creditor's Name		Last 4 digits of account number		Ψ	Ψ	. •
Numbe	er Street		When was the debt incurred?				
			As of the date you file, the claim	is: Check all that apply.			
			Contingent				
City	State	ZIP Code	☐ Unliquidated ☐ Disputed				
	incurred the debt? Check one.		·				
	ebtor 1 only		Type of PRIORITY unsecured of	:laim:			
_	ebtor 2 only		Domestic support obligations				
	ebtor 1 and Debtor 2 only t least one of the debtors and anoth	ier	Taxes and certain other debts yo	_			
	heck if this claim is for a comm		Claims for death or personal injurintoxicated		<u></u>		
			Other. Specify				
Is the	e claim subject to offset? o						
140	-						



Case number (# known) 23 - 51065 - TJT

ist All of Your NONPRIORITY Unsecured Claims

l a	List All of Tour North Month 1 Offscource Offinis		
1	Do any creditors have nonpriority unsecured claims against yo		
	具 No. You have nothing to report in this part. Submit this form to the	ne court with your other schedules.	
•	Yes		
4.	List all of your nonpriority unsecured claims in the alphabetical	order of the creditor who holds each claim. If a creditor has	more than one
	nonpriority unsecured claim, list the creditor separately for each claim		
	included in Part 1. If more than one creditor holds a particular claim,	list the other creditors in Part 3.If you have more than three not	priority unsecured
	claims fill out the Continuation Page of Part 2.		
			Total claim
4.1	Anni Tau Aust	1183	and the second s
لتا	CAPITAL ONE Nonpriority Creditor's Name	Last 4 digits of account number	s 800-
	Ronpriority Creditor's Name	When was the debt incurred? 2026	
	Number Street	_	
	Number Speet		
	City State ZIP Code	As of the date you file, the claim is: Check all that apply.	
İ	•	Пол	
1	Who incurred the debt? Check one.	Contingent	
	Debtor 1 only	☐ Unliquidated ☐ Disputed	
	Debtor 2 only	□ Disputed	
	Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured claim:	
!	At least one of the debtors and another		
		Student loans	
	☐ Check if this claim is for a community debt	 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
	is the claim subject to offset?	Debts to pension or profit-sharing plans, and other similar debts	
	□ No	Other. Specify CZEDIT CARD	
	☐ Yes		
-		9 9 5/1	s 1/00 —
4.2	CREDIT ONE	Last 4 digits of account number 3 2 57	\$_7700
	Nonpriority Creditor's Name	When was the debt incurred?	
ļ			
	Number Street	As of the data was file the claim in Check all that canby	
		As of the date you file, the claim is: Check all that apply.	
	City State ZIP Code	☐ Contingent	
į	Who incurred the debt? Check one.	Unliquidated	
	Debtor 1 only	☐ Disputed	
	Debtor 2 only		
	☐ Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	At least one of the debtors and another	Student loans	
	Observation de formation de for	Obligations arising out of a separation agreement or divorce	
	☐ Check if this claim is for a community debt	that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset?	Debts to pension or profit-sharing plans, and other similar debts Other. Specify CARD	
	No No	Outer, Specify	
	Yes		
4.3	ASPIRE	Last 4 digits of account number <u>8758</u>	4544
-	Nonpriority Creditor's Name		s 1266—
		When was the debt incurred? 2020	
	Number Street	_	
		An of the data was file the plainties Check all that apply	
	City State ZIP Code	As of the date you file, the claim is: Check all that apply.	
	Who incurred the debt? Check one.	Contingent	
	Debtor 1 only	Unliquidated	
	Debtor 2 only	☐ Disputed	
1	Debtor 1 and Debtor 2 only		
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	_	☐ Student loans	
	☐ Check if this claim is for a community debt	Obligations arising out of a separation agreement or divorce	
	Is the claim subject to offset?	that you did not report as priority claims	
	⊠ No	Debts to pension or profit-sharing plans, and other similar debts Other, Specify	
Ì	Yes	Other. Specify	
	22 F106F tit Dog 4F Filed 02/12/24	- Entered 03/12/24 17:55:42 Page 8 of	1.4

Part 2:

Your NONPRIORITY Unsecured Claims — Continuation Page

FIRST PREMIER	Last 4 digits of account number <u>256</u> 0	s 15
onpriority Creditor's Name	When was the debt incurred?	
lumber Street	— As of the date you file, the claim is: Check all that apply.	
ity State ZIP Code	Contingent	
	☐ Unliquidated	
Vho incurred the debt? Check one.	☐ Disputed	
Debtor 1 only		
Debtor 2 only	Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only	☐ Student loans	
At least one of the debtors and another	Obligations arising out of a separation agreement or divorce that	
Check if this claim is for a community debt	you did not report as priority claims	
s the claim subject to offset?	Debts to pension or profit-sharing plans, and other similar debts Other. Specify	
No	Ourier. Specify	
Yes		
INDIGO	Last 4 digits of account number 2 1 6 0	<u>\$ 57</u>
tonpriority Creditor's Name	When was the debt incurred?	
iumber Street	As of the date you file, the claim is: Check all that apply.	
ity State ZIP Code	Contingent	
Who Incurred the debt? Check one.	Unliquidated	
Debtor 1 only	☐ Disputed	
Debtor 2 only	Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only	•	
At least one of the debtors and another	Student loans	
_	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
☐ Check if this claim is for a community debt	Debts to pension or profit-sharing plans, and other similar debts	
s the claim subject to offset?	Other. Specify CREDIT CARD	
☑ No ☑ Yes		
	Last 4 digits of account number	\$
lonpriority Creditor's Name	_	
	When was the debt incurred?	
lumber Street	As of the date you file, the claim is: Check all that apply.	
City State ZIP Code	Contingent	
AN - 1 1 4 1 4 4 6 6 1	Unliquidated	
Who incurred the debt? Check one.	☐ Disputed	
Debtor 1 only	Time of NONDBIODITY was asset alsies	
Debtor 2 only Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured claim:	
☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	Student loans	
_	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
☐ Check if this claim is for a community debt	Debts to pension or profit-sharing plans, and other similar debts	
- the elejes subject to effect?	Other. Specify	
s the claim subject to offset?	Unier. Specify_	

FOLLS

Keys JR

Case number (# known) 23-51065- 757

Part 3:

List Others to Be Notified About a Debt That You Already Listed

	•		idditional perse	ns to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.
lame				On which entry in Part 1 or Part 2 did you list the original creditor?
				Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
lumber	Street			☐ Part 2: Creditors with Nonpriority Unsecured Clair
				Last 4 digits of account number
City		State	ZIP Code	
lame				On which entry in Part 1 or Part 2 did you list the original creditor?
				Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number	Street			Part 2: Creditors with Nonpriority Unsecured Claims
City		State	ZIP Code	Last 4 digits of account number
				On which entry in Part 1 or Part 2 did you list the original creditor?
Vame				Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number	Street			Part 2: Creditors with Nonpriority Unsecured
				Claims
City	(Digogogogo 100 ana kajir adov, Krangaroto VII. Britani, ar 100 albina 110	State	ZIP Code	Last 4 digits of account number
Name				On which entry in Part 1 or Part 2 did you list the original creditor?
				Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number	Street			Part 2: Creditors with Nonpriority Unsecured Claims
Pia.		State	ZIP Code	Last 4 digits of account number
City	Physiological main and the Physiol Transfer and 1.1-Anticonstitution	01816	AIF COUG	On which entry in Part 1 or Part 2 did you list the original creditor?
Name				Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
Vumber	Street		· · · · · · · · · · · · · · · · · · ·	Part 2: Creditors with Nonpriority Unsecured
				Claims
City		State	ZIP Code	Last 4 digits of account number
				On which entry in Part 1 or Part 2 did you list the original creditor?
Name				Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number	Street			Part 2: Creditors with Nonpriority Unsecured Claims
				Last 4 digits of account number
City		State	ZiP Code	On which entry in Part 1 or Part 2 did you list the original creditor?
Name	-			
Number	Street			Line of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured
				Claims



Part 4:

Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

Total claims from Part 1

- 6a. Domestic support obligations
- 6b. Taxes and certain other debts you owe the government
- 6c. Claims for death or personal injury while you were intoxicated
- 6d. Other, Add all other priority unsecured claims. Write that amount here.
- 6e. Total. Add lines 6a through 6d.
- Total claims from Part 2
- 6f. Student loans
- 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- 6h. Debts to pension or profit-sharing plans, and other similar debts
- Other. Add all other nonpriority unsecured claims.
 Write that amount here.
- 6j. Total. Add lines 6f through 6i.

Total claim

6a.	\$					

\$	s.	\$ \$

Total claim

- 6f. \$_____
- 6g. \$_____
- 6h. **\$**
- 6i. + s

Fill in this information to identify	your case:				
Debtor 1 Hours		KEYS JF			
Debtor 2 PORESK	Middle Name	Last Name			
(Spouse, if filing) First Name	Middle Name	Last Name			
United States Bankruptcy Court for the:	District of M	<u>uch</u>			
Case number 23 - 570 (If known)	65-TJT			Check if t	his is:
(ii Miowy)					ended filing
					plement showing postpetition chapter 13 e as of the following date:
Official Form 106I				MM / E	YYYY \ do
Schedule I: You	ır Income				12/15
supplying correct information. If vo	ou are married and not fil se is not filing with you, top of any additional pa	ing jointly, and your do not include infor	spouse is mation ab	i living with y out your spo	or 2), both are equally responsible for you, include information about your spouse. ouse. If more space is needed, attach a known). Answer every question.
Fill in your employment information.		Debtor 1			Debtor 2 or non-filing spouse
If you have more than one job,					
attach a separate page with information about additional	Employment status	Employed			☐ Employed
employers.		☐ Not employed			Mot employed
Include part-time, seasonal, or					
self-employed work. Occupation may include student or homemaker, if it applies.	Occupation	FOOD DE	LIVER	Υ	
or nomentator, in applied.	Emptoyer's name	Door D/	1 SH		
	Employer's address	302 2N	D-572	2957	
		Number Street			Number Street
		SAN FRA	nais _e	<u>కర</u>	
		SAN FRAN	SAL 9	14107	
		City	State ZIP	Code	City State ZIP Code
	How long employed the	ere? 3 YRS			
Part 2: Give Details About	Monthly Income				
Estimate monthly income as of	the date you file this for	m. If you have nothing	to report	for any line, w	rite \$0 in the space. Include your non-filing
spouse unless you are separated If you or your non-filing spouse ha		er combine the inform	nation for a	il employers	for that nerson on the lines
below. If you need more space, a				ar carpioyoro	or and porcon on the most
			Fo	r Debtor 1	For Debtor 2 or non-filing spouse
List monthly gross wages, sal deductions). If not paid monthly,			2. \$_	2000	\$
3. Estimate and list monthly ove	rtime pay.		3. +\$ <u> </u>	-0 -	+ \$
4. Calculate gross income. Add li	ne 2 + line 3.		4. \$_	2000	\$ <u>-6</u>

23-51065-tjt Doc 45 Filed 03/12/24 Entered 03/12/24 14:55:42 Page 12 of 14 Schedule I: Your Income

Copy line 4 here					
5. List all payroll deductions: 5a. Tax, Medicare, and Social Security deductions 5b. Mandatory contributions for retirement plans 5c. Voluntary contributions for retirement plans 5c. Voluntary contributions for retirement plans 5c. S.			For Debtor 1		
5a. Tax, Medicare, and Social Security deductions 5b. Mandatory contributions for retirement plans 5c. Voluntary contributions for retirement plans 5c. Voluntary contributions for retirement plans 5c. Voluntary contributions for retirement fund loans 5d. Required repayments of retirement fund loans 5d. Sec. Sec. Sec. Sec. Sec. Sec. Sec. Sec	Copy line 4 here	4 .	<u> 2000 — </u>	\$	
5b. Mandatory contributions for retirement plans 5c. Voluntary contributions for retirement plans 5c. Voluntary contributions for retirement plans 5c. Social security 5c. Required repayments of retirement fund loans 5d. \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	5. List all payroll deductions:				
5c. Voluntary contributions for retirement plans 5d. Required repayments of retirement fund loans 5d. S.	5a. Tax, Medicare, and Social Security deductions	5a.	\$ -	\$	
5d. Required repayments of retirement fund loans 5d. S	5b. Mandatory contributions for retirement plans	5b.	\$	\$	
5e. Insurance 5f. Domestic support obligations 5g. Union dues 5h. Other deductions. Specify: 5h. Other deductions. Specify: 6. Add the payroil deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h. 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. Saccoccurrents 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Interest and dividends 8c. Family support payments that you, a non-filling spouse, or a dependent regularly receive Include almony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8c. 8d. Unemployment compensation 8e. Social Security 8f. Other government assistance that you regularly receive Include cash assistance that you receive, such a stood stamps (lengths under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8g. Pension or retirement income 8g. \$ 8g. Pension or retirement income	5c. Voluntary contributions for retirement plans	5c.	\$ -	\$	
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5g. Union dues 5g. Union dues 5h. Other deductions. Specify: 5h. Other deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h. + \$ 6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h. 6. \$ 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$ 8. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Interest and dividends 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8c. Social Security 8f. Other government assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8g. Pension or retirement income 8g. \$ 8		5e.	\$	\$	
59. Union dues 5h. Other deductions. Specify: 5h. + \$	5f. Domestic support obligations	5f.	\$	\$	
5h. Other deductions. Specify:	5a. Union dues	5g.	<u>\$_</u>	\$	
6. Add the payroil deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h. 6. 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 8. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Interest and dividends 8c. Family support payments that you, a non-filling spouse, or a dependent regularly receive include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8d. Unemployment compensation 8e. Social Security 8f. Other government assistance that you regularly receive include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. 8pecify: 8g. Pension or retirement income	_	-	+s - 	+ \$	
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8e. Social Security 8e. Social Security 8e. \$ 1488 \$ 943. 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8f. \$ 33/ \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$ 98. \$	Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$	\$ <u>-6</u>	
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Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8f. \$33/ 8g. Pension or retirement income	8e. Social Security	8e.	\$ 7780	\$ 4 40 4	
	Include cash assistance and the value (if known) of any non-cash assistan that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.		§_33/_	\$_ -	
8h. Other monthly income. Specify:8h. +\$ +\$	8g. Pension or retirement income	8g.	\$	\$	
	8h. Other monthly income. Specify:	8h.	+\$	+\$ -5	
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h. 9. \$ 1819 - \$ 943	9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.	9.	<u> \$ 1819 -</u>	\$ 942	
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 10. \$3819 + \$943 = \$4761	10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$ 3819	+ \$ <u>942</u>	= \$ <u>4761</u>
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.	Include contributions from an unmarried partner, members of your household, friends or relatives.	your de	ependents, your roo		
Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. + \$	İ	not av	ailable to pay expe		+ \$
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income.		e result	is the combined mo	onthly income.	2100/1
Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies 12. Combined					
13. Do you expect an increase or decrease within the year after you file this form?		form?			monthly income
No. Yes. Explain:					

UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF MICHIGAN

IN RE:	CASE NO: 23-57065-TJT
Hollis Keys JR Dozeen Keys	CHAPTER: /3
Debtor.	
/	
<u>CERTIFICA</u>	TE OF SERVICE
I hereby certify that on MAZAH	(date of mailing), I served
copies as follows:	
1. Document(s) served: MODIFIED CHAPTER LOVER SHEET FOR D, E, F & I	13 PLAN AMENDMENTS
2. Served upon [name and address of each SERVBANK P.O BOX LIBERTY MUTUAL CREDIT ACCEPTANCE AT TO T	ch person served]: (1298 South windsex CT 06074
Dated: 3-12-2024	(Signature) Print Name: Holls Lets JE